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## FEC FORM 2

## STATEMENT OF CANDIDACY

|   | e of Candidate (in full)  |                 |               |                   |                 |  |                |             |         |  |
|---|---|-----------------|---------------|-------------------|-----------------|--|----------------|-------------|---------|--|
| BUDD, THEODORE, P, ,  (b) Address (number and street)   Check if address changed  |   |                 |               |                   |                 | 2. Candidate's FEC Identification Number |                |             |         |  |
|   | (b) Address (number and street) ☐ Check if address changed PO BOX 97127 |                 |               |                   |                 | S2NC00505                                |                |             |         |  |
|   | State, and ZIP Code   |                 |               |                   | _               | 3. Is This                               |                | New         | Amended |  |
|   | LEIGH   |                 | NO            | 2762              |                 | Staten                                   |                | (N) OR      | (A)     |  |
| 4. Party Af   |   | 5. Office Soug  |               |                   | 6. State & Dist | rict of Candid                           | date           |             |         |  |
| REPUB   | BLICAN PARTY  | Senate          |               |                   | NC              |  |                |             |         |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                 |               |                   |                 |  |                |             |         |  |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s). (year of election)             |   |                 |               |                   |                 |  |                |             |         |  |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.  |   |                 |               |                   |                 |  |                |             |         |  |
| (a) Name of Committee (in full)  TED BUDD FOR SENATE  |   |                 |               |                   |                 |  |                |             |         |  |
| (b) Addr  | ress (number and street)  |                 |               |                   |                 |  |                |             |         |  |
|   | BOX 97127   |                 |               |                   |                 |  |                |             |         |  |
| (c) City,   | State, and ZIP Code   |                 |               |                   |                 |  |                |             |         |  |
| R.A   | ALEIGH  |                 |               |                   | NC              | 27624                                    | 4              |             |         |  |
|   |   |                 |               |                   |                 |  |                |             |         |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  |   |                 |               |                   |                 |  |                |             |         |  |
| (Including Joint Fundraising Representatives)   |   |                 |               |                   |                 |  |                |             |         |  |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. |   |                 |               |                   |                 |  |                |             |         |  |
| NOTE: This designation should be filed with the principal campaign committee.   |   |                 |               |                   |                 |  |                |             |         |  |
| (a) Name of Committee (in full)   |   |                 |               |                   |                 |  |                |             |         |  |
| ` ,   | JDD VICTORY   |                 |               |                   |                 |  |                |             |         |  |
| (b) Addr  | ress (number and street)  |                 |               |                   |                 |  |                |             |         |  |
| PO  | BOX 97275   |                 |               |                   |                 |  |                |             |         |  |
| (c) City,   | State, and ZIP Code   |                 |               |                   |                 |  |                |             |         |  |
| RA  | LEIGH   |                 |               |                   | NC              | 27624                                    | ļ              |             |         |  |
|   | I certify that I have exa   | amined this Sta | tement and to | the best of       | my knowledge a  | and belief it is                         | s true, correc | ct and comp | olete.  |  |
| Signature of Candidate  |   |                 |               |                   |                 | Date                                     |                |             |         |  |
| BUDD, TH  | EODORE, P, ,  |                 | [Elec         | tronically Filed] | 04/28/20        | )21                                      |                |             |         |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.             |   |                 |               |                   |                 |  |                |             |         |  |
|   |   |                 |               |                   |                 |  |                |             |         |  |
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|   |   |                 |               |                   |                 |  |                |             |         |  |

FEC FORM 2 (REV. 02/2009)